

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ARIZONA GRASSROOTS ACTION PAC		FEC IDENTIFICATION NUMBER ▼ C C00558445	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; font-size: small;"> <div>M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee Connect Strategic Communications LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2016		
Mailing Address PO Box 141251			Amount 200000.00		
City Dallas	State TX	Zip Code 75214	Transaction ID : SE.5333		
Purpose of Expenditure IE-Oppose Ward-Online Ads		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2016		
Name of Federal Candidate KELLI WARD			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: 00 State: AZ		
Calendar Year-To-Date Per Election for Office Sought 1316388.54			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			District: State:		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
			<input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	200000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	200000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lisa Lisker

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2016

Signature